

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 072663144 FILING DATE 3/1/91
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	45	28	11	3	11	2
TOTAL DEP.	28		11	3	11	2
TOTAL CLAIMS	30		11	3	11	2

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